

CHECKLIST FOR:

Lake County Sanitation Evaluation Request Application

This checklist is to assure your application is complete so it can be processed promptly. Please use the check boxes next to each item. You will be notified within 5 working days if any key elements are missing. Be reminded that

additional information may be required as the application goes through the review process. Examples include but are not limited to: easement, deed restriction, water test, soil profile, shared user agreement, property line staking, etc.

You are welcome to schedule an **Informal Project Preview** with the Environmental Health staff prior to submitting an application. This is a free service to ensure projects go as smoothly as possible from the beginning. We are more than happy to discuss your project and provide feedback!

Submit this checklist, application and fee to:

Lake County Environmental Health DepartmentPhone406.883.7236106 4th Avenue EastFAX406.883.7205Polson MT 59860Email envhealth@lakemt.gov

Please check that you have completed the following:			
Check payable to Lake County Environmental Health Department (LCEH)			
Name & contact information for person requesting the evaluation			
If agent signs the application for owner, the Agent Certification Form included with the application			
Property legal description			
Location map or directions to assist staff in finding the property			
Proposed development, property use or other reason for request			
Simple Site Plan that includes the following: (include any/all depending upon the nature of your request)			
□ Scale – for example 1 inch = 2 feet			
 North directional arrow 			
Property lines			
 All streams, lakes, springs, ponds, wetlands, irrigation ditches and other surface water within 100' of property lines 			
 All existing & proposed structures 			
 All existing or proposed wells, developed springs, or cisterns and water lines 			
Driveways & parking areas			
Utility lines			
 Any existing wastewater treatment system 			
 Any existing or proposed RV hook-up location 			
Proposed drainfield area			



LAKE COUNTY SANITATION EVALUATION REQUEST

Email: envhealth@lakemt.gov

Date

PH: 406-883-7236 FAX: 406-883-7205

LAKE COUNTY ENVIRONMENTAL HEALTH 106 FOURTH AVENUE EAST POLSON, MT 59860-2175

Signature of Authorizing Person

Return the completed application with the \$200.00 fee to the above address. DATE: PERSON REQUESTING EVALUATION: Name_____ Mailing Address_____ City/State/Zip _____ Phone _____ FAX _____ E-Mail Address **PROPERTY TO BE EVALUATED:** (Fill in as much as possible) Current Property Owner _____ Physical Address Lake County Property Tax Number Section _____ Township ____ Range ____ Government Lot # COS # COS Lot # Subdivision Name _____ Lot # ____ Block # ____ Existing Development _____ Proposed Development or Use ______ PROPERTY ACCESS AUTHORIZATION: (Must be completed) By my signature below, I certify that I am either an owner of the property described above or the listing agent for the property with authority to permit access and do authorize access for purposes of this evaluation. ___ Owner ____ Listing Agent (Please check one)

<u>Lot Layout:</u>				
Including:	a. property lines			
•	 b. existing and proposed structures, including basements c. all existing or proposed wells, spring and cisterns on or within 100 feet of the propert 			
	lines			
	d. all streams, lakes, springs, ponds, irrigation ditches, and other surface water sources on			
	or within 100 feet of property lines			
	e. driveways, parking areas f. utility lines			
	g. any existing wastewater disposal facilities			
	h. a scale (for example: 1 inch=20 feet)			
 i. direction of slope on the property j. a north directional arrow 				
	k. replacement area or plan for proposed wastewater treatment system			
	The replacement area of plant of proposed waste water nearment system			
Location Info	ormation: Draw a road map or write directions to the property. Include landmarks, road			
	roads, distance mile markers, neighbors to the north and south, building colors/features,			
etc.				

Lake County Wastewater Treatment System Application Authorized Agent Statement by Property Owner(s)

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This document, or similar document or letter with original signature(s), must be signed by all owners named on the most recent property deed or by all authorized signator(s) for any property owned by a trust, LLC or similar entity.

I (we), or authorized signator(s) of property legally	, the undersigned own described as:	ner(s)
hereby agree to allow my(our) agent		
to sign a Lake County Wastewater Treatme		
a wastewater treatment system permit of	or sanitation lot evaluation for the a	bove-
described parcel of land.		
Property Owner/Authorized Signator	Date	
Property Owner/Authorized Signator	Date	
Property Owner/Authorized Signator	Date	
Property Owner/Authorized Signator	 Date	